ANNUAL REPORT

Saskatchewan Health

Community Services
Swift Current Region

1986 - 87

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PERSONNEL

Medical Health Officer

Dr. J. N. Burkholder

Regional Executive Director

Lee K. Spencer

Chiropody

Dr. Terry Wharton, Chiropodist
Cathy Sartison, Chiropody Assistant

Community Therapy

Donna Henderson, Therapist III (commenced November 12, 1986)
Dianne Kruse-Dahl, Therapist III (commenced part-time October 1, 1986)

Early Childhood Psychologist

Wendy Wallace (commenced January 19, 1987)

Nutritionist

Jan Ayer

Public Health Inspection

Laurie Wright, Senior Public Health Inspector
John Bower, Public Health Inspector II
Robin Galbraith, Public Health Inspector I

Public Health Nursing

Joan Whiteside, Regional Nursing Supervisor
Maureen Chatton, Public Health Nurse I (commenced February 9, 1987)
Jennifer Heinrichs, Public Health Nurse I (casual)
Hazel Padfield, Public Health Nurse I
Laurie Pilkey, Public Health Nurse I
Lorna Russell, Public Health Nurse I
June Schmidt, Public Health Nurse I
Debbie Schroeder, Public Health Nurse I (began indefinite leave September 22, 1986)
Bonnie Shaw, Public Health Nurse I

Speech/Language Pathologist

Marie Tuchscherer (transferred to Regina February 15, 1987)
Michele Kusler (commenced part-time February 16, 1987)

Support Services

Janette Pound, Clerk Stenographer IV (transferred to Sask. Labour November 11, 1986)
Linda Robinson, Clerk V (shared with Mental Health Services Branch)
Brenda Bergstrom, Clerk Typist II
Sally Wiens, Clerk Typist III (part-time)
Ardyce Taylor, Clerk Typist II (commenced October 27, 1986)
Terry Gatzke, Clerk Typist II (commenced temporary February 10, 1987)

DISTRICT OFFICES

Leader District Office

Jeannine Schmaltz, Public Health Nurse I
Joan Nixon, Clerk I (part-time)

Maple Creek District Office

Mary Wiseman, Public Health Nurse I
Kathy Scherger, Public Health Nurse I
Geraldine Carson, Clerk Typist II (part-time)

Shaunavon District Office

Marlette Lucas-Simpson, Public Health Nurse I
Leslie Ann Wagner, Public Health Nurse I
Beverly Goulet, Clerk Typist II (part-time)

REGIONAL BOARD OF HEALTH

Ernest Howes, Chairman

Andrew Lockhart, Vice Chairman

Wally Popein, Executive Director

City

Swift Current	Marvin Hinds

Villages

Cabri	Rose Kirkpatrick
Sceptre	Ernest Howes
Tompkins	John Kimber
Waldeck	Kathy Lang

Rural Municipalities

White Valley No. 49	Donat Girard
Arlington No. 79	Rod Thienes
Big Stick No. 141	Andrew Lockhart
Riverside No. 168	Shirley Williams

MUNICIPAL HEALTH REPRESENTATIVES

LEADER DISTRICT

Towns

Burstall	Alex Jassman
Cabri	Rose Kirkpatrick
Leader	Virgil Hoffman

Villages

Abbey	Ralph Kauth
Fox Valley	Tony J. Koch
Hazlet	No appointment made
Lancer	Lestor Jorgenson
Mendham	Sebastian Stroh
Prelate	Mike Kosolofski
Richmound	Louis Franz
Sceptre	Ernest Howes
Shackleton	Stephen Morrey

Rural Municipalities

Enterprise No. 142	Hilbert Flaig
Pittville No. 169	No appointment made
Fox Valley No. 171	Robert Hellman
Miry Creek No. 229	Donald Barr
Clinworth No. 230	Patricia Jorgenson
Happyland No. 231	Jacob J. Kurtz
Deer Forks No. 232	Raymond Ehnisz

MUNICIPAL HEALTH REPRESENTATIVES

MAPLE CREEK DISTRICT

Towns

Gull Lake	Ida-Mae Leek
Maple Creek	Jack Migowsky

Villages

Carmichael	Miles C. Wells
Golden Prairie	Lawrence Oddan
Piapot	Richard Mudryk
Tompkins	John Kimber

Rural Municipalities

Carmichael No. 109	Jurgen G. Lundy
Piapot No. 110	Brian Wolfater
Maple Creek No. 111	John Schock
Gull Lake NO. 139	Carol Springer
Big Stick No. 141	Andrew Lockhart

SHAUNAVON DISTRICT

Towns

Eastend	Clarence Thompson
Shaunavon	Richard Schneider

Villages

Admiral	Ivan Spetz
Bracken	Donald Broom
Climax	Kenneth Mything
Consul	Carrie Funk
Dollard	Michael Poisson
Frontier	Dale Stengler
Robsart	E. Syverson
Val Marie	Lorraine Carlier

Rural Municipalities

Val Marie No. 17	Doris Kornfeld
Lone Tree No. 18	Barry Brown
Frontier No. 19	Ernest Nelson
Glen McPherson No. 46	Gary Stinson
White Valley No. 49	Donat Girard
Reno No. 51	Darlene J. Paquin
Grassy Creek No. 78	L. M. Meloche
Arlington No. 79	R. L. Thienes
Bone Creek No. 108	Brett Meinert

MUNICIPAL HEALTH REPRESENTATIVES

SWIFT CURRENT DISTRICT

City

Swift Current	Marvin Hinds

Towns

Ponteix	Laurent Desrosiers

Villages

Aneroid	Marshall Shaw
Cadillac	Vivian Kendall
Neville	Isaac Dyck
Pennant	George Rose
Rush Lake	Glen Anderson
Stewart Valley	Douglas Shumaker
Success	Edgar Garland
Vanguard	Ronald W. Kehoe
Waldeck	Kathy Lang
Webb	No appointment made

Rural Municipalities

Auvergne No. 76	Barry Raymond
Wise Creek No. 77	Norman R. Galey
Glen Bain No. 105	Jerry Scheller
Whiska Creek No. 106	Joe Holenski
Lac Pelletier	Henry Hildebrandt
Coulee No. 136	Victor Wilson
Swift Current No. 137	Abe L. Wiens
Webb No. 138	No appointment made
Excelsior No. 166	Donald Meyer
Saskatchewan Landing No. 167	Dan Barber
Riverside No. 168	Shirley Williams

MESSAGE FROM THE CHAIRMAN OF THE BOARD

In the past fiscal year, six Regional Board meetings were held. In June, 1986 we held our first combined district and annual meeting. We also had the second inservice for all representatives in November.

I attended the Regional Board Chairpersons' meeting in February and the Canadian Public Health Association conference in April. The major areas of concern discussed at these meetings were alcohol and drug abuse, smoking, isolation and loneliness and the effect of stress.

The Regional Board accepted a challenge from the Moose Jaw Health Region to encourage smoke-free council meetings. This resulted in 51 percent of municipalities in our region having smoke-free council meetings. Our region won this challenge. I would like to thank all municipalities that took part in the challenge for their leadership in reducing smoking.

To increase the awareness of the dangers of rabies in the region, the Board has requested municipal health representatives, municipal councils and local veterinarians to publicize and encourage owners of domestic pets to have them vaccinated. A reimbursement of $5.00 will be given for the first 1,000 vaccinations. This project is to be effective April 1 to October 31, 1987.

On behalf of the Regional Board, I wish to express sincere appreciation to those who have responded to our two projects. Our thanks to Community Health Services personnel in their continuing efforts to maintain a high quality of service.

Ernest Howes

REGIONAL EXECUTIVE DIRECTOR

I am pleased to submit the 1986-87 annual report for Community and Mental Health Services.

The 1986-87 fiscal year has been a year of program evaluation, organizational changes, financial restraint and introspective analysis.

In spite of the financial restraints both the Community and Mental Health Services budgets have been managed without a deficit. The financial restraint and staffing cuts have created apprehension among the staff but they are to be commended for maintaining a positive attitude towards their work and contributing to the controlling of the budget. It is a pleasure to work with staff who are so committed to their clients.

In keeping with good long-term planning our region has developed a three to five year strategic planning document. This process is the first time a blueprint of what we are doing and where we want to go has been formalized. The document contains goals, objectives, situational audit, and work plans for the next five years.

The support services for both Community and Mental Health Services has been reorganized so that there is amalgamation under an administrative officer. This reorganization allows for staff support from one branch to the other when staff shortages occur. The filing systems have been made more efficient and effective. Also the financial control and budgeting processes have been greatly improved. We are fortunate to have a dedicated group of support services staff.

Within Mental Health Services the quality assurance committee, department heads and staff have done an excellent job in setting standards, criteria and program audits. Such a process provides a necessary safety system, allows staff to measure the quality of treatment services and provides a credible profile to the public.

Mental Health Services completed a research document on the batterers treatment program as applied to a rural setting. Research also took place in relation to our rural services. Accreditation standards are still being met and we are working hard to prepare for this fall's accreditation survey. This is the end of our first year's experience with our geriatric treatment program and the services are much more defined and organized. The inpatient unit staff continue to provide an excellent service to the acutely ill patient. The clinical staff who have been subjected to a lot of change have responded in a very positive manner.

Community Health Services successfully brought in a new community therapy program. Our region employed two new staff who provide physiotherapy and occupational therapy services to several districts in our region. Due to the experience and professional commitment of these staff this program has a good start.

The Community Health Services new pre-school core services program has finished its first year. The staff have approached this program as a challenge and I believe the adjustment has been beneficial to our clients.

We have been successful in employing a full-time early childhood psychologist and as this person gains experience the program should be fully operational.

We were sorry to lose our speech/language pathologist to another region but have been fortunate to employ a part-time person to provide this necessary service.

The chiropody program continues to operate smoothly and sees on the average 22 patients a day.

We continue to share a nutritionist position with Moose Jaw Region. The nutritionist has attempted to have a positive impact on healthy eating habits of our regional population.

Public health inspection continues to meet the demands of a very wide and diverse program in spite of unstable staffing conditions.

The psychology and child and youth program has been without a supervisor since the incumbent transferred to another region. The program continues to operate with two psychology positions and support from community mental health nursing, social work and psychiatry.

The social work department has been fraught with vacancies this year. Despite the difficulty in filling these positions, the remaining staff continue to provide a high quality service.

The community mental health nursing department continues to provide a quality service to our patients and clients in the community. Through a reorganization this program now reports to an Assistant Regional Executive Director, Patient Care.

For the first time to my knowledge our region employs three psychiatrists. The psychiatrists, although very busy treating patients, have greatly contributed to programs and organizational progress.

The Regional Board of Health took on two new initiatives this year. A challenge was accepted from the Moose Jaw Board of Health to have smoke free municipal council meetings in our region. To date 41 percent of all municipal councils in our region have declared their meetings smoke free. This is an excellent accomplishment and both the Regional Board and municipal councils should be commended for such an initiative. The Regional Board of Health has begun reimbursing people who have their domestic pets vaccinated for rabies in an effort to increase public awareness of the disease.

In closing this has been a very challenging year. The financial restraints, staff shortages and future uncertainty have created a lot of staff apprehension. Nevertheless, the staff have responded to their responsibilities in a professional manner and did not lose sight that their clients were the centre of importance. I would like to thank the medical health officer, chief psychiatrist, all department heads and staff for their contribution and support.

I would also like to commend the Regional Board for the incentives they took this year. Lastly, I would like to thank the central office staff for their guidance, support and advice.

Lee K. Spencer

MEDICAL HEALTH OFFICER

At the beginning of the year I planned to visit the region weekly. However, conflicting schedules in Region No. 2 along with vacations and provincial meetings resulted in 32 visits, occasionally extending to the second day. As well, I remained in almost daily contact by telephone.

We have enjoyed a good team relationship in administering regulations for health protection. Lack of continuity of staff is a matter of concern. Regular inspections of premises requiring a medical health officer's permit or certificate of approval are capably done, although it may not be possible to do surveillance often enough during the year.

Public water quality causes concern in some communities. While most systems have safe water, in others we cannot at all times be assured of safety since disinfection is not occurring. We have worked along with the Department of Environment to provide printed materials and publicity to persuade communities to accept a safer system.

In several communities we have been notified of uranium levels in water which exceed existing standards. In as much as there is no known evidence of health effect, and standards are not firm, we are monitoring the situation. Similarly some communities' water supplies have more than acceptable levels of fluoride occurring naturally. While there is no short-term hazard, long-term use can alter tooth surfaces. People are therefore advised to use an alternate supply for drinking.

For a brief review of vital statistics, I refer to Table I. Based on S.H.S.P. covered population data, regional population declined by over 1,000 during the year. Since births exceeded deaths by 209, net reduction is evidently from out-movement. Those age 65 or over constitute 14.9 percent of the total compared to 12.4 percent for all of Saskatchewan.

Births for the year at 619 were reduced from 673 in 1985. Of interest is the total number of deaths in infants under one year, 11, reflected also in a higher infant mortality rate. While this could be a statistical coincidence, the data need to be studied in more detail. Births to unwed mothers as well as to teenage mothers continue low, compared to provincial averages.

For selected categories of causes of death, please refer to Table III. There are no major variations except perhaps perinatal deaths and congenital anomalies which are factors in total infant mortality and which, as noted above, are being studied further.

Reported cases of notifiable communicable diseases are listed in Table II. Campylobacter infections (intestinal) are usually of animal origin and are only recently notifiable. Salmonella infections, totalling 20, reflect an outbreak in Alberta involving Saskatchewan residents.

Gonorrhea, along with chlamydial infections (a newly reportable sexually-transmitted disease) appeared in 16 and 19 cases respectively. While there may be a real increase, there is also better detection and reporting through improved laboratory diagnosis. Although no cases of Acquired Immune Deficiency Syndrome (AIDS) have been reported in the region, there are likely high-risk individuals present, and interest in the disease and its prevention is widespread.

Rabies continues to affect the entire region, including built-up areas. Positive animal specimens during the year numbered as follows: skunks, 68; canine, 2; bovine, 5; and other, 1; for a total of 76, compared with 67 the previous year. A total of 94 doses of vaccine for possible human exposure was issued, compared to 42 for the previous year. This is very costly material and in many instances the need for vaccine could be avoided by caution in handling animals and carcasses.

Finally, I wish to express my appreciation to the Board and Health Representatives for their interest in the work being done and to the staff for their capable and conscientious interaction for the health of the region.

Dr. J. Burkholder

CHIROPODY

The chiropody program was officially initiated within the province on February 1, 1984 when the Honourable Graham Taylor announced that there would be ten clinics set up, one within each health region, staffed by a chiropodist and a chiropody assistant.

Any person who has foot problems and who may benefit from the services of a chiropodist may receive such services upon referral from a physician, public health nurse, or a home care nursing co-ordinator.

Any resident of Saskatchewan who has a valid health services card will be able to receive these professional services at no charge. Where orthotics or special footwear will be required, these will be the individual's responsibility.

The practice of chiropody deals with the diagnosis and treatment of diseases, injuries and defects of the human foot by medical, mechanical and minor surgical means. This includes the physical examination of the lower extremities alone and in relation to the rest of the body. Foot diseases are treated in many ways including physical therapy, minor surgery and the application of medication.

Scope of practice involves treatment of callosities, corns, pressure keratoses, conditions such as thickened nails, neglected nails, ingrown nails, fungal infections of the nails and/or skin, plantar warts, diabetic ulcers, structural and mechanical problems and injuries to the foot.

The location of the main office is on the fourth floor of the E. J. Wood Building and the majority of patients are seen at that location. The office accomodation includes two operatories, a work room and office and waiting room.

There are also two satellite clinics within the region, one at Maple Creek and the other in Shaunavon. The details are as follows:

Maple Creek: Community Health Services Office on Highway No. 21, adjacent to the Maple Creek Union Hospital. Clinics are held the third Monday and following Tuesday of each month.

Shaunavon: Community Health Services Office at 55 - 3rd Avenue E. Clinics are held the first Wednesday and following Thursday of each month.

By appointment only. Dates may be subject to change.

These satellite clinics are not as well equipped and some patients may have to travel to the Swift Current office to benefit from the full range of services.

The chiropody program contains an element of health education and the chiropodist is available to talk to interested groups.

The chiropody program has been very well accepted by the residents of Health Region No. 1 and to date we have a caseload of 1,143 active patients receiving a total of 3,847 visits, at an average rate of 23 patients per clinical day.

During the last year we have given 14 presentations and workshops to a total of 329 people in the Swift Current Health Region. A presentation gives information about chiropody and the chiropody program, whereas a workshop, intended for professionals, gives a view of hands-on treatments and is geared to actual foot care.

I would like to extend my appreciation to Mrs. Cathy Sartison, Chiropody Assistant, for her hard work and dedication during the year.

Terry Wharton

COMMUNITY THERAPY

The community therapy program officially began delivering services in October, 1986. It was set up to provide therapy services in rural Saskatchewan particularly to hospitals under 50 beds, nursing homes under 100 beds and community-based agencies such as Home Care, Early Childhood Intervention Programs, schools and developmental centres.

The community therapists may be either occupational therapists or physical therapists and have a three-fold mandate:

1. To provide direct therapy services to individual clients;

2. To educate health care workers in areas related to rehabilitation; and

3. To educate community groups about rehabilitation and related preventative health care.

The Swift Current Region has two community therapists employed at the present time.

Dianne Kruse-Dahl covers:

Shaunavon (outpatient centre) 20 hours per week
Gull Lake 1 day per month
Eastend 1 day per month
Climax 1 day per quarter

Commencing employment mid-November, 1986, Donna Henderson covers:

Swift Current 1 day per week
Maple Creek 2 days per week
Leader 2 days per month
Cabri 1 day per quarter
Vanguard 1 day per quarter
Ponteix 1 day per month

Program statistics for the period of October, 1986 to March, 1987 are as follows:

Attendances	1,276
Direct weighted units	33,275
Indirect weighted units	12,202
New referrals	353
Patients carried over	182

Inservices given include:

Gait and ambulation aids
Pain relief modalities
Cast removal and post-cast limb care
Fitness for seniors

Donna Henderson and Dianne Kruse-Dahl

EARLY CHILDHOOD PSYCHOLOGIST

This report is a reflection on the combined work of Dr. Ray Hertzog, who left this region in February, 1987 and myself, who began work here January 19, 1987. Ray left the work in excellent condition which has made my learning process much easier. I will attempt initially to highlight Ray's work and then proceed to illuminate my own.

Ray was involved with the process of defining and documenting the role of the early childhood psychologist. The mission statement of the role is currently being revised and will soon be published. Much time and energy have been spent in this endeavour.

One of the difficulties with the early childhood psychology position has been confusion in the minds of both the general public and related health services personnel as to the exact role and services of the early childhood psychologist. Pamphlets are being reviewed and printed to remedy this confusion.

Ray was also active in the study and report writing of screening instruments, especially the Denver Developmental Screening Test (DDST). The use of the DDST is in the process of being standardized across the province with the end goal of earlier identification of at-risk infants.

Ray is presently central office liaison for the early childhood psychologists. In this capacity he offers technical advice regarding their role to central office.

Ray has also worked very hard in the orientation process of me, his Swift Current successor. He has been twinning Moose Jaw-Swift Current for a long period of time. He has made me feel very welcome from the moment he first greeted me off the train and during the ensuing month. His advice and guidance have really been valuable.

My own brief time here has been challenging, educational and one of personal growth and development. I have had a very comprehensive and sometimes tiring orientation period. People have shown me a very warm Saskatchewan welcome. I have been very impressed with the services and personnel in the health field. Here are some of the highlights from my perspective:

1. Some of the other early childhood psychologists, Ray Hertzog, Tarie Kinzel and Cameron Barr have hosted me in their respective areas. Testing instruments, counselling strategies and parenting programs are some of the items we have discussed.

2. As part of orientation visits to the Alvin Buckwold Centre, the MacNeill Clinic, Childrens' Rehabilitation Centre and University Hospital, as well as the school for the deaf were made. A warm welcome was extended and gratefully received.

3. An opportunity to work with the Alvin Buckwold Centre's travelling clinic was much appreciated.

4. Each of the Community Health Services personnel both at local and central office locations explained their functions in relation to the early childhood psychologist's role. This helped to provide a comprehensive picture.

5. A sexual abuse workshop offered by the Saskatoon Family Therapy Institute was attended in Saskatoon. This was very enlightening.

It has indeed been a very enjoyable period of intense learning.

Wendy Wallace

NUTRITIONIST

The nutrition program has expanded during the past year in that a larger percentage of the public has been reached through group presentations, the media and counselling.

Nutrition Presentations:

Promoting nutrition awareness in the community is a priority and one method to reach this goal is group presentations. Service clubs, for example, the Rotary Club and the Women's Institute are receptive audiences for nutrition programs. Other groups may require more in-depth information, that is, nutrition education sessions. Attendance at these sessions is restricted to 25 people or less to promote audience participation. Nutrition education programs have been provided for public health nurses, students at Cypress Hills Community College, school students, weight control and fitness groups, parents attending pre-natal classes, members of the Canadian Diabetes Association and Homemakers.

Another format for dispensing nutrition information, a shopping mall display, was used during Nutrition Month. A computer was available for the public to test their nutrition knowledge. They could also view a slide-tape presentation, pick up nutrition pamphlets and ask questions of the dieticians and nutritionists who manned the display.

Media Contacts:

Although direct contact with the public is preferable, the large geographical area to be covered makes this impossible. To reach more people, weekly nutrition columns are submitted to three local papers: the Swift Current Sun, the Maple Creek News and the Shaunavon Standard. (The Leader News carries the nutrition column in a section reprinted from the Kindersley Clarion). Several interviews both to newspapers and to radio stations were given. A positive response has been received following these media contacts with increased inquiries from the public.

Nutrition Counselling:

Most of the counselling provided is to referrals from the public health nurses as part of their preschool core program. Young children who are overweight or underweight or suffer from allergies require nutrition intervention. Adults often request assistance and information regarding sensible eating.

The nutritionist is just one of the members of the health promotion team. I would like to express my appreciation to the members of the Community Health Services Branch staff for their assistance during the past year.

Janet Ayer

PUBLIC HEALTH INSPECTION

Staffing continued to be a major difficulty during the year. Wendell Stroh's appointment on a casual basis continued to the latter part of December, 1986. The benefits of this were somewhat offset, however, by our having a second year trainee for three months during the summer. We were optimistic that the appointment of a full-time inspector to the Shaunavon office, effective January 2, 1987, would resolve the staffing problem. Suffice it to say that the optimism proved to be wishful thinking. The position again became vacant in early March.

While it moves beyond the time frame of this report, it may be of some interest to note that I will be leaving the Senior Public Health Inspector's position at the end of May. Since the beginning of 1985 I have shared this position between Health Regions No. 1 and 2.

Robin Galbraith, Public Health Inspector I and John Bower, Public Health Inspector II are to be commended for the degree of success they have achieved in keeping up with the work in spite of the adversities which developed. The majority of premises requiring inspection prior to the issuance of a certificate of approval or permit to operate have been inspected within an appropriate time frame. Certainly the effort has necessitated a program of prioritization with a good deal of low priority items receiving extremely minimal attention.

The unusually mild winter seems to have resulted in a substantial increase in the number of suspect rabies incidents. Wildlife seems to have been more actively mobile.

Three Food Handlers' Courses were presented to 29 people. A substantial number of those attending were from volunteer or home care groups. One Swimming Pool Operators' Course was held. Sixteen people attended and successfully completed the course.

A brief statistical summary appears at the end of this report.

It has been my pleasure to have been of some small service to this health region and citizens therein.

Laurie Wright

PUBLIC HEALTH NURSING

The 1986-87 year has presented many challenges for the public health nurses in Health Region No. 1. The public health nurses should be commended for their professional attitudes in working under changing circumstances.

Position Changes:

In May, 1986, Leslie Ann Wagner filled the four-month vacant Public Health Nurse I position in Shaunavon. Deb Schroeder applied for and received an indefinite leave of absence to attend university in California to complete her Master's Degree in Public Health Nursing. Jennifer Heinrichs continued to fill this position in a temporary capacity until February 9, 1987 when Maureen Chatton joined our nursing complement on a full-time basis. Sick leave and vacation time has caused some concern with regard to coverage and has necessitated the cancellation of some program areas periodically. A particular concern of this region has been the vacant Public Health Nurse II position over the past year. This situation has made it very difficult for the Regional Nursing Supervisor to fulfill her duties.

Program Changes:

All seven elements of the "Passport to Health" program are in place and over the past year the public health nurse I's have been keeping statistics so that certain aspects of the program can be evaluated. A new tally sheet was implemented September 1, 1986.

The vision screening portion of the "Passport to Health" program was evaluated in January, 1987 and all statistics were forwarded to the evaluation committee in Regina for further study. Statistics were also tabulated and forwarded with regard to the speech-language component of the program.

A prenatal manual that was standardized reached completion by June, 1986 and the public health nurse I's had an opportunity to study and discuss the finished format prior to a province-wide implementation date of January 1, 1987.

Prenatal Classes:

With the revised manual, prenatal classes in Swift Current have been reduced from a total of eight classes to a total of six classes. The rural classes have remained as a series of six classes. New evaluation and registration forms are in place. The new manual is a great benefit to nurses coming on staff.

Our total attendance is down from last year and could be due to the following reasons: prenatal classes were reinstituted in the Herbert-Morse area in Health Region No. 2; and/or the declining birth rate.

Postnatal and Infant Services:

Our postnatal visiting increased slightly from last year, but other interviews/ contacts were down. We are presently studying better ways to utilize our child health conferences by way of a formula based on the annual population. In this way it can be determined if too many appointments are being offered and thus prevent underutilization of the child health conferences.

School Services:

Our school services continue to be a concern, in that very little time is given to activities that involve follow-up and home visiting and/or health promotion. Our basic services deal with immunization only, in most areas. This year saw a slight increase in numbers of students seen and this was probably due to a mumps outbreak which necessitated immunization of contacts.

Adult Services:

We continue to offer Well Elderly Clinics as a local initiative in this region although our time has been reduced to one-half in many areas.

The delivery of S.A.I.L. equipment (mainly compressors and oxygen therapy) continues to occupy the main service delivery to our adult population as well as adult immunization for overseas travel.

Communicable Disease:

The number of visits are up slightly from last year. The public health nurses have done a good job in this area by visiting as quickly as possible to prevent further spread and outbreaks of disease.

Other Activities:

Eight nursing students along with a faculty member came to Swift Current from the University of Saskatchewan, College of Nursing in May and June, 1986. Once again, it was a worthwhile experience for all concerned.

I would like to thank all the public health nurses for their continued co-operation and support through a rather difficult year. I would also like to thank the rest of the staff in the region for their support.

Joan Whiteside

SPEECH/LANGUAGE PATHOLOGIST

The speech/langauge pathologist carried out regular clinics in Swift Current, Shaunavon and Maple Creek. In June of 1986 Maria attended a three-week stuttering program presented by Boberg and Kully in Edmonton.

In November, Maria presented a four-day inservice at the Palliser Regional Care Centre focusing on general speech and language stimulation for the residents. The inservice was well received by the staff at the centre. It is felt that more inservices of this kind should be done if time permits.

In December, the speech/language pathologist moved to a new position in Regina. A new speech/language pathologist was hired on a part-time basis in January, 1987. She holds regular clinics in Swift Current and Maple Creek.

The waiting list for assessment, treatment and review has lengthened considerably because of the part-time service. The overall caseload remains at 70 to 80 clients. The caseload in Leader continues to be covered by the speech/language pathologist from Rosetown.

Michele Kusler

SUPPORT SERVICES

Staffing was erratic during the first half of the past fiscal year. We began the year with one clerk typist 2 vacancy that we were able to fill on a part-time basis until the end of August. Sally Wiens, clerk stenographer 3 requested and received leave from May 19 until October 27, when she returned to work on a part-time basis. The vacancy created by Sally's leave was filled for a short period of time by Glenda Anderson (July 23 to August 22, 1986). Shawntel Meyers worked temporarily from September 2 to October 24 in the vacant clerk typist 2 position which was filled permanently by Ardyce Taylor on October 27. Janette Pound, a long-time employee of the region, resigned from her clerk stenographer 4 position on November 11 to move to the Department of Labour. With her departure and the subsequent reorganization, the position was reclassified to a clerk typist 2 and filled temporarily by Terri Gatzke on February 10. Brenda Bergstrom continues in her clerk typist 2 position and was able to provide some stability and training for the numerous new staff. Linda Robinson's involvement with the administration of the office increased during the year, to the point where she is now the office supervisor for both mental health and community health services. This resulted in the reorganization of clerical duties and the reclassificaction of the clerk stenographer 4 position.

The changing staffing patterns did result in some disruption for program staff and we would like to thank them very much for their support and patience over the past year.

Even with the staffing changes we were able to complete the administrative reorganization and I would like to thank the clerical staff in particular and the regional staff in general for their help with this task. The main goals of the reorganization were as follows:

1. to clarify roles and responsibilities of the clerical staff;
2. to increase job satisfaction;
3. to reduce administrative duplication;
4. to provide effective and convenient support services to program staff.

Once our staffing situation stabilizes, we will be in a better position to assess the degree to which the goals are being met.

We began working on school records on September 2 and completed them the end of October. We accomplished this with minimal staff and no overtime which is commendable.

We began using the new appointment sheets for child health conferences October 1 and encountered no problems with this. About the same time clerical staff began gathering statistics from the new child health conference tally sheets.

The regional stockroom was revamped and now almost all forms and supplies are located in one area. This should be more convenient to staff needing supplies as well as to those ordering supplies since everything is together and quite easily located.

We did a major cleanup of the region's program files and are now in a better position to institute the numbered system being used in central office.

All clerical staff for both mental health and community health services in this region now report to one supervisor. This will enhance our ability to further reduce duplication of tasks and to improve communications. We can also help each other out when required. To really effectively reduce duplication would require some major structural changes to the office space and further reassignment of duties.

Some of our objectives for the coming year include: 1) continue to work on our program filing systems and to incorporate the numerical system; 2) assess the effectiveness of the administrative reorganization; 3) reorganize and revamp the regional library.

I would like to thank the clerical staff for their hard work over the past year We are strengthening our team approach and with stable staffing this should improve even more. I would also like to thank the Regional Executive Director, Medical Health Officer and regional staff for their continued support and co-operation.

Linda Robinson

TABLE I

Vital Statistics

	1986	1985	1984
*Population	47,585	48,749	49,208
Total live births	619	673	675
Birth rate (per 1,000)	13.0	13.8	13.7
Births to unwed mothers (percent)	8.6	--	--
Births to teenage mothers (percent)	4.0	--	--
Infant deaths	11	4	6
Infant mortality rate (per 1,000 live births)	17.8	5.9	8.9
Still births	3	0	0
Total deaths	410	391	417
Death rate (per 1,000)	8.6	8.0	8.5

* Source: S.H.S.P. Covered Population

TABLE II

Notifications of Communicable Diseases

	Number of Cases Reported		
	1986	1985-86	1984-85
Campylobacter Infections	11	4	--
Chickenpox	0	80	279
Chlamydia Infection	19	--	--
Gastroenteritis	1	0	2
Giardiasis	0	1	47
Gonorrhea	16	2	9
Hepatitis A	0	0	2
Hepatitis B	1	2	1
Herpes	1	--	--
Measles	1	0	2
Meningitis (Bacterial)	3	2	2
Mumps	1	0	0
Pertussis	0	0	2
Salmonellosis	20	4	10
Scabies	0	8	3
Syphilis	0	2	1
Tuberculosis	0	2	2

TABLE III

Causes of Death

	1986			1985			1984		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
All causes	410	242	168	391	221	170	417	242	175
Diseases of the circulatory system	186	104	82	185	98	87	203	110	93
Cancer	75	47	28	75	40	35	77	47	30
Diseases of the respiratory system	49	27	22	40	28	12	50	33	17
All accidents	27	16	11	22	13	9	17	13	4
Perinatal causes	5	3	2	2	2	0	3	1	2
Diseases of the digestive system	17	11	6	18	11	7	22	16	6
Endocrine and metabolic	7	4	3	9	6	3	6	2	4
Diseases of genito-urinary system	6	4	2	9	6	3	10	7	3
Diseases of nervous system	14	9	5	5	4	1	7	2	5
Congenital anomalies	5	2	3	2	1	1	4	3	1
Suicide	8	7	1	8	7	1	7	3	4
Violence	3	2	1	1	1	0	2	1	1

TABLE IV

Chiropody Program Statistics

Source of Referrals	Category 1*	Category 2*	Category 3*	Category 4*	Total	%
Physician	103	45	88	235	471	62.4
Public Health Nurse	23	7	48	132	210	27.8
Home Care Co-Ordinator	32	2	20	2	56	7.4
Chiropodists	--	1	1	16	18	2.4
Percentage of patient load in each category	20.9	7.3	20.7	51		

Patient Visits - Regional Total

Patient Visit	Category 1*	Category 2*	Category 3*	Category 4*	Total	%
New	158	55	157	385	755	19.6
Return	742	264	1,059	1,027	3,092	80.4
Total	900	319	1,216	1,412	3,847	
Percentage	23.4	8.3	31.6	36.7		

Patient Visits - Swift Current Office

Patient Visit	Category 1*	Category 2*	Category 3*	Category 4*	Total	%
New	109	45	115	310	579	17.8
Return	608	251	875	947	2,681	82.2
Total	717	296	990	1,257	3,260	
Percentage	21.9	9.1	30.4	38.6		

Patient Visits - Maple Creek Office

Patient Visits	Category 1*	Category 2*	Category 3*	Category 4*	Total	%
New	27	5	23	17	72	28.8
Return	66	10	80	22	178	71.2
Total	93	15	103	39	250	
Percentage	37.2	6.0	41.2	15.6		

Patient Visits - Shaunavon Office

Patient Visits	Category 1*	Category 2*	Category 3*	Category 4*	Total	%
New	22	5	19	58	108	30.86
Return	68	3	104	58	233	69.1
Total	90	8	123	116	337	
Percentage	26.7	2.4	36.5	34.4		

* Category

1 Medically at risk elderly

2 Medically at risk general population

3 Well elderly

4 General population not medically at risk

Medically at Risk is defined as all acute and septic conditions related to the feet, as well as patients with relevant systemic medical problems, such as diabetes, arteriosclerosis, etc., which would impede mobility if chiropody services were not provided.

Elderly are those people 65 years of age and older.

TABLE V

Early Childhood Psychology Statistics

1. Type of Work

Casework	38.0%
Consultation	8.4%
Community development	12.2%
Research	0.0%
Inservice education	0.7%
Travel	23.0%
Administration	27.4%

2. Details of Casework

Type of Problem - Developmental	16 cases
- Behavioural	12 cases
Total number of visits	32

3. Sources of referral of new cases

Public Health Nurse	6
Speech Therapist	5
Parents	4
Other	4

4. Consultation regarding children not formally referred or seen 30

5. Number of visits

Regional office	31
Other	1

TABLE VI

Nutrition Services Statistics

	Number of Sessions	Total Attendance
A. Group Presentations:		
1. Community Groups (e.g. service clubs, weight control groups)	6	110
2. Inservice Program		
- Public Health Nurses	5	70
- Consumer Relations Course	1	5
- Homemakers	1	10
- Aquatic Centre Staff	1	26
- Diabetes Association	1	24
- Orientations	5	12
3. Education Program		
- Prenatal Class	1	20
- College students	1	26
- School students	2	26
Total	24	329
B. Media Contacts:		
Weekly newspaper columns	156 (3 x 52)	
Newspaper interviews	3	
Radio interviews	4	
C. Counselling:		
Child 0 - 5 years	9	
Adult 20 - 65 years	4	
Adult 65+	3	
D. Consultations:		
(Public Health Nurses, Teachers, etc.)	82	
E. Public Inquiries:	68	

TABLE VII

Public Health Inspection Statistics

Type of Facility	Number of Facilities	Number of Inspections and Visits	Percentage of Time Spent
Public eating establishments	210	459	11
Food distribution	83	68	2
Food processing	42	36	1
Liquor outlets	56	70	2
Hospitals	11	4	1
Schools	80	23	1
Institutions	40	33	1
Housing	---	46	1
Mobile home courts	5	11	1
Trailer courts	12	15	1
Hotels	36	52	1
Motels	29	44	1
Industrial facilities	---	27	1
Swimming pools	34	60	4
Agricultural facilities	---	52	1
Personal service facilities	59	51	1
Recreational facilities	69	91	2
Public facilities	2	6	1
Plumbing	---	400	10
Investigations	---	392(hours)	4
Total	823	1,548	48
General service			23
Office			29

TABLE VIII

Public Health Nursing Statistics

	1986-87	1985-86	1984-85
Total number of home visits	1,236	1,344	2,268
Prenatal Service:			
Home visits	82	41	68
Other contacts	226	332	209
Prenatal Classes			
- number of classes held	105	115	146
- total attendance	1,538	2,122	2,261
- total number of mothers	805	1,123	1,177
- total number of fathers	733	999	1,084
Postnatal Services:			
Home visits	246	218	372
Other interviews/contacts	558	828	829
Child Health Conferences: (Each appointment is 30 minutes)			
Appointments made	5,778		
Appointments kept	5,024		
Appointments not kept	1,207		
Appointments available	6,228		
School Health Services:			
Total school enrollment	9,268	9,222	9,422
Students seen	6,427	5,562	8,570
Teacher/nurse conferences regarding students/program	1,268	1,294	1,408
Students discussed with parents	2,017	1,393	1,610
Other student contacts	167	95	103
Immunization:			
Infant - total immunizations given	3,780	3,868	4,105
D.P.T. - third dose	566	567	632
O.P.V. - third dose	626	604	657
Preschool (first to seventh birthday)			
Total immunizations given	4,666	4,317	3,763
D.P.T. - recalls	1,206	1,508	1,305
O.P.V. - recalls	1,268	1,625	1,402
M.M.R.	686	821	713
Schools (seventh birthday to leaving school)			
Total immunizations given	2,898	1,730	2,038
Td - recalls	1,143	679	786
O.P.V. - recalls	1,314	706	857
Rubella	74	47	70
Mumps	9	10	2
M.M.R.	243	223	246

	1986-87	1985-86	1984-85
Adult Services:			
Home visits and contacts (over 65 years)	346	448	854
Home visits and contacts (other)	435	802	799
Total number of Well Elderly Clinics (one conference equals one-half day)	72	71	135
Total attendance	607	640	1,280
Total immunizations	375	368	309
Other Services:			
Communicable disease visits/contacts	218	169	244
Physically handicapped and mentally ill home visits	48	70	132
Total official visits	1,247	1,670	1,562
Referrals to other agencies/personnel	829	1,134	1,409
Total group education in which public health nurses participated	62	53	99